

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF

☐ Amended

**Affidavit of Service
(Guardianship,
Conservatorship,
Protective Placement or
Protective Services)**

Case No. _____

I, _____ of _____,
Name City

State of _____, being sworn, state that on (date) _____, I provided copies of the
following documents:

Documents provided:

☐ the original of which is on file

☐ a copy of which is attached

to the following named persons at the address/facsimile number listed:

☐ See attached.

NAME	ADDRESS	TYPE OF SERVICE***

*** TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

Type of Service:

Personal Service
Mail
Certified mail return receipt requested
FAX with transmittal receipt

Subscribed and sworn to before me
on _____

Signature

Notary Public, State of Wisconsin

Name Printed or Typed

My commission expires: _____

Address

Name of Attorney

Address

Telephone Number